

**CLAIMS ONLY**

**Application Number:**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 315 WZ		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep.	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5							55					
6							56					
7							57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14			1				64					
15			1				65					
16			1				66					
17			1				67					
18			1				68					
19	1						69					
20		1					70					
21		1					71					
22		1					72					
23	1						73					
24		1					74					
25			1				75					
26			1				76					
27			1				77					
28			1				78					
29			1				79					
30		1					80					
31		1					81					
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33		1					83					
34			1				84					
35			1				85					
36			1				86					
37			1				87					
38			1				88					
39		1					89					
40		1					90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	7						Total Indep					
Total Depend	26						Total Depend					
Total Claims	33						Total Claims					